Lockleys North Primary OSHC
My Time. Our Place

Ph: 8443 5308
Email: info@lnpsoshc.org.au

LOCKLEYS NORTH PS OSHC ENROLMENT FORM	
CHILD DETAILS	
Family Name:	
First Name:	
Date of Birth:	
Gender:	F ◉ / M ○
Address & Postcode:	
Primary language:	
Indigenous Status: Aboriginal	Y ○ / N ◉
Indigenous Status: TS Islander	Y ○ / N ◉

ELIGIBLE PARENT/GUARDIAN DETAILS		
Name:		
Date of Birth:		
CRN:		
Relationship to Child:		
Address & Postcode:		
Primary Language:		
Phone:	M:	W:
Email:		

OTHER PARENT/GUARDIAN DETAILS (if applicable)		
Name:		
Relationship to Child:		
Address & Postcode:		
Primary Language:		
Phone:	M:	W:
Email:		

PARENTING PLANS/ COURT ORDERS relating to this child

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COLLECTION AUTHORITY/EMERGENCY CONTACTS		
Name:		
Address & Postcode:		
Relationship to Child:		
Contact Priority: (1,2,3)		
Phone:	M:	W:
Email:		

COLLECTION AUTHORITY/EMERGENCY CONTACTS		
Name:		
Address & Postcode:		
Relationship to Child:		
Contact Priority: (1,2,3)		
Phone:	M:	W:
Email:		

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MEDICAL & HEALTH INFORMATION	
Please provide a copy of your child's immunisation history.	Immunisation history available here: https://www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register/how-get-immunisation-history-statement
Does your child have any conditions/medication/medical needs that may be effected by OSHC activities?	
Does your child have any disabilities? If yes, please provide specifics.	
Does your child have any special needs? If yes, please provide specifics.	
If you answered yes to the above, please can you provide the service with some information on strategies to help best support your child. For example: quiet space, A choice B choice, safe hands safe feet etc.	
Does your child require special aids? (Glasses, hearing aids etc.) If yes, please provide details.	
Has you child suffered from any illnesses that may reoccur? (e.g. Chronic ear infections). Please provide details.	
Does your child have any allergies/allergic responses or food intolerances? Please specify.	
Please supply the service with any required medication in its original containers with the child's name clearly marked. Please be aware we cannot administer medication unless permission has been granted by a medical practitioner.	

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CONSENTS: please initial next to each item to which you consent	
I give consent for my child to watch G/PG rated movies/tv whilst at the service	☐
I give permission for my child to use their own Chromebook & iPads and I understand that the service does not take on any responsibility for any loss or damage to property.	☐
I give consent for my child to use the OSHC iPads during technology time.	☐
I give permission for my child to participate in the OSHC program and understand that the OSHC staff will notify parents/guardians of each individual excursion. I understand that it is my responsibility to advise staff if I do not wish for my child to participate in a particular activity.	☐
I consent for my child to be photographed and for their image and name to be published in circumstances where the Director deems to be appropriate	☐
I give permission for OSHC staff to exchange information relating to my child with school staff and to the appropriate person(s).	☐
I give permission for my child to walk indoors with bare feet.	☐
I understand that I will need to collect my child if OSHC staff believe that my child has headlice. I understand that any checks will be conducted sensitively. I understand that it is my responsibility to arrange for collection of my child from OSHC when notified. I understand that I may have to provide a letter from a general practitioner to say that my child is free from headlice.	☐
I consent for OSHC staff to apply sunblock to my child if required.	☐
I agree to pay the required fees for my child's booked care for OSHC.	☐
In the event of a medical emergency, OSHC staff will call an ambulance, in line with standard first aid training. I understand that I am responsible/liable for the cost associated with medical care, ambulance and hospital costs incurred the treatment of my child.	☐
I agree that the OSHC staff members are able to administer simple first aid to my child if the need arises.	☐
I understand the information provided on this enrolment form is collected for the purpose of registration, program statistic, reporting and evaluation. This information may be disclosed to and used for the purpose of the Commonwealth and State government department and their agencies.	☐
I have read the OSHC Info booklet and agree to comply with the OSHC services policies and procedures outlined.	☐
I certify that the information entered upon this form is true to the best of my knowledge and that you will inform the service if any of these details change.	☐

Parent/Guardian signature: _____

Date: _____